[A] The Ancient Medical Sources in the Chapters about Sterility of Rodrigo de Castro's *De universa mulierum medicina*

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[B] Introduction

In past societies, bodies, sex and gender were experienced in very different ways. Ancient medical texts allow us to access a whole set of issues relating to family and sexuality in the past that would otherwise be difficult or even impossible to appreciate. For centuries, Greek and Roman authorities were cited, commented upon and revised. New approaches to Greek and Roman medicine have allowed scholars to break new ground on the cultural and intellectual frameworks characterized by different perceptions of body and health.[1] In spite of these differences, or perhaps because of them, ancient texts can be a useful background against which later texts can be read and understood.

Rodrigo de Castro (1546-1627/9), also known as Rodericus a Castro Lusitanus, was a Portuguese physician of Jewish birth. After pursuing his studies in medicine at the University of Salamanca, he seems to have achieved some notoriety in Lisbon. He was invited to travel to India to study medicinal plants, but declined King Phillip II's invitation;[2] he also worked as physician to the soldiers of the Spanish Armada before they set sail from Lisbon.[3] Around 1590, he fled the persecution of the Jews, establishing himself in Hamburg, where he edited his most important book, *De universa mulierum medicina*. This was the first treatise about women's diseases

written by a Portuguese author, and remained extremely influential in Europe many years after the author's death.

Edited for the first time in Hamburg in 1603, *De universa* underwent numerous successive editions and revisions (Hamburg, 1617, 1628, 1662; Venice, 1644; Cologne, 1689) which attest to its popularity.[4] The full title of the first edition was *De universa mulierum medicina, Novo et antehac a nemine tentato ordine absolutissimum opus; studiosis omnibus et utile, vero medicis pernecessarium* ('A complete book about the comprehensive medicine of women, with a new organization by no one else attempted before; useful to all scholars, but extremely necessary to physicians'). Written in Latin, as was the practice at that time, the book was edited in two separate volumes. Part One, about theory, was entitled *De natura mulierum* ('On female nature') and was divided into four books: (1) Anatomy of the uterus and breasts; (2) Seed and menstruation; (3) Intercourse, conception and pregnancy; (4) Childbirth and breastfeeding. Part Two, *De morbis mulierum* ('On female diseases') was more practical in nature, but was also divided into four books: (1) Diseases common to all women; (2) Diseases of widows and virgins; (3) Diseases related to generation and pregnancy; (4) Puerperal and wet-nurses diseases.

As was usual in this kind of medical text, authors often turned to the authorities of the past in order to consolidate and justify their own opinions, yet frequently they failed to identify the sources which they drew upon. Castro's massive gynaecological treatise is a good example of the confluence of the ancient and scholastic traditions with early modern trends in science, medicine and gynaecology. Evaluating the

classical and Arabic heritage – Hippocrates, Aristotle, Pliny, Galen, Averroes, Avicenna – Rodrigo de Castro established a complex dialogue between the traditional ideas of the past and the authors of his own time, all important names in the history of European medicine, such as Amato Lusitano (1511-1568), Luis de Mercado (1525-1611), Martin Akakia (1539-1588), Ambroise Paré (1510-1590), François Rousset (1530-1603), and Girolamo Mercuriale (1530-1606), whom he cited and commented upon. However, above all, the influence of Galen (129-216/217) is omnipresent. For centuries, Galenic theories had moulded European medicine, especially through Arabic and Syriac translations, and were the basis of learned medicine in Europe. Consolidated and developed by the Arabs, Galen's ideas were taught at the universities and maintained his status as an undisputed authority well into the seventeenth century.

For the purposes of this chapter, I will focus upon the section of *De universa mulierum medicina* which examines sterility. We can thereby understand how Castro accounted for the inability to conceive, and how he respectively established female and male responsibility for failure in conception. More broadly, I will investigate how ancient Greek and Roman texts about women's diseases and specifically about sterility were used by Castro, who relied upon ancient medical, biological and philosophical texts to structure his own views. Finally, analysis of the *scholium*, a commentary appended to this sterility section and entitled 'On sterile women', will highlight some of the cultural and moral issues in Castro's thought.

[B] Gender in Early Modern Medicine

The presence of ancient texts is clearly evident in early modern medicine. Classical medical tradition had been central to Western medical learning, but from the later decades of the fifteenth century, the philological study, editing and translation of Greek medical texts made fuller knowledge of ancient medicine available to a wider audience. In particular, Marcus Fabius Calvus' (d. 1527) Latin translation of the Hippocratic Corpus, published in 1525, generated a new interest in Hippocrates (c.460-c.370 BCE).[5] The Hippocratic Corpus is a heterogeneous collection of around sixty medical texts, dating from the fifth and fourth centuries BCE, and traditionally ascribed to Hippocrates. These writings cover a wide range of topics, including women's diseases, reproduction and infertility. Both in Latin translation and in the original Greek language, these editions were an important stimulus to the establishment of Hippocrates as an authority on women's diseases and to the remarkable increase in published books on this subject between the sixteenth and seventeenth centuries.

Early modern treatises about women's diseases have aroused some interest in recent decades. Notably, they have been exploited to offer key arguments against Thomas Laqueur's thesis that the idea of incommensurable anatomical difference between the sexes was an eighteenth-century invention. Laqueur argued that before this time, the 'one-sex model' held sway. His 'one-sex model' theory is based on the Galenic notion that the female body was identical to the male's, but turned inside out, so whereas the sexual organs were identical in both sexes, the male's were located on the exterior of the body, and the female's were internally contained. As such, the scrotum was considered the equivalent of the uterus, the testes of the ovaries, the penis of the cervix and vagina, and so forth. Laqueur therefore asserts that in this

model ‘the boundaries between male and female are of degree and not of kind’.[6] Scholarly revisions of Laqueur’s thesis, which draw heavily upon Hippocratic gynaecology, prove that there was, in fact, a conception of the female body as fundamentally different.[7] The text that Laqueur cites as evidence – Galen’s *The usefulness of the parts*, 14.6 – is not, as we shall see, the strongest basis for a whole theory of sexual differentiation. In addition, as Laqueur’s critics have demonstrated, this notion had long coexisted with a ‘two-sex model’. The idea of two sexes with very different physical forms was, as Helen King rightly asserts, already present in the Hippocratic gynaecological texts.[8]

This ‘two-sex model’ is further reflected in humoral theory. Ancient medicine was firmly based on the idea of balance: between four humours (phlegm, blood, bile, and black bile), or the four qualities of hot and cold, moist and dry. It was believed that am imbalance of these factors produced an unusual state of body and mind, and so caused disease. In its natural state, the Hippocratic female body was considered to be hot, moist and spongy, whereas the male was cold, dry and firm. In the Hippocratic Corpus, the opposite traits ascribed to the sexes were used as a rudimentary system for explaining different pathologies and different reactions to the same disease, and justified separate treatment regimes for men and women.

While humoral theory was never a systematic or entirely uniform theory in ancient times, throughout late antiquity and the Middle Ages, authors like Galen and others developed it into a more or less cohesive method of diagnosis. By Castro’s times, the uneven proportion of the qualities was called *intemperatura* or *intemperamentum*. This could mean either an overwhelming abundance or a

deficiency of one of the qualities (hot/ cold/ dry/ moist), or a combination of two (hot and dry, hot and moist, cold and dry, cold and moist). This imbalance was supposed to have physical and psychological consequences. For instance, hot (*calida*) women were thought to be more active and eager for sex than cold ones. Cold and moist women were largely uninterested in sex, and produced a thin, watery and infertile semen that engendered female children. This is in fact an Aristotelian concept: the idea that, in a scale that ranges from the male (located at the top) to a monster (at the bottom), to beget a female is to fall short of perfection.

Assertion of difference between the sexes is seen in the Hippocratic treatise *Diseases of Women*, where the author criticizes doctors for treating women with serious diseases as if they were men:

> Ἅμα δὲ καὶ οἱ ἰητροὶ ἁμαρτάνουσιν, οὐκ ἀτρεκέως πυνθανόμενοι τὴν πρόφασιν τῆς νούσου, ἀλλ' ὡς τὰ ἀνδρικὰ νοσήματα ἰώμενοι· καὶ πολλὰς εἶδον διεφθαρμένας ἤδη ὑπὸ τοιούτων παθημάτων. Ἀλλὰ χρὴ ἀνερωτᾷν αὐτίκα ἀτρεκέως τὸ αἴτιον· διαφέρει γὰρ ἡ ἴησις πολλῷ τῶν γυναικηΐων νοσημάτων καὶ τῶν ἀνδρώων. (*Diseases of Women*, 1.62)
>
> At the same time the doctors also make mistakes by not learning the apparent cause through accurate questioning, but they proceed to heal as though they were dealing with men's diseases. I have already seen many women die from just this kind of suffering. But at the outset one must ask accurate questions about the cause. For the healing of the diseases of women differs greatly from the healing of men's diseases.[9]

What the text asserts is difference, not similarity. Similarly, in the Hippocratic text *Places in Men,* the womb was classified as 'the cause of all diseases' in women. No similar claim, to my knowledge, was ever made about the male genitals, and certainly not about the scrotum. Female pathologies were understood to be caused by organs and physiological processes that were absent in men. In Hippocratic gynaecology, menstrual regularity was considered a prerequisite for women's wellbeing. This also had no equivalent in men. In short, not only can we detect a manifest difference between the two sexes in these medical writings; we might consider them as opposites.

It was, to be fair, very challenging to analyse the interior reproductive structures of the female body with the scarce technical means that Greek and Roman physicians had at their disposal. It was therefore very common to describe the inner processes of the body using comparisons and metaphors. As explored further in Laurence Totelin's chapter in this volume, the development of the embryo was likened to the growth of a plant (*Nature of the Child*, 22), while a foetus presenting abnormally was compared to an olive pit, stuck inside a small mouthed oil-flask (*Diseases of Women*, 1.33). Many of the inner physiological processes were the object of theoretical speculation, so it was also common for medicine and philosophy to overlap. Galen's own theories about reproduction were much indebted to the Aristotelian tradition, and its belief, supported by theological, philosophical and medical arguments, in the inferiority of women (that women were colder than men, and as such unable to concoct blood into semen).

The study of medical theory and practice during the Renaissance, strongly influenced by the rediscovery of ancient texts, helps us to understand the dynamics of a trend toward sexual dimorphism that was inherited from the past, and not invented in the eighteenth century, as Laqueur proposed. According to Patricia Simons, Galen's supposed 'one-sex model' was never 'a complex theory of sexual oneness'.[10] Moreover, his treatise *De usu partium*, where the female reproductive organs were said to be equivalent to the male's, the difference being merely the position, had a very limited circulation in the West before the fifteenth century.[11] Indeed, because Galen never wrote a comprehensive treatise on gynaecology, his influence on the subject was limited.

In the West, Soranus of Ephesus' (fl. 98-138) *Gynaikeia* put forward arguably the most influential set of ideas relating to women's diseases.[12] Soranus was a physician of Greek origin who lived in Rome in the beginning of the second century. In writing his gynaecological treatise he had in mind an audience of midwives, who knew the Greek language and seem to have been highly skilled, both in practice and theory. Soranus himself owed much to Herophilus of Alexandria (330/320-260/250 BCE), especially in the assertion that women's bodies functioned in the same way that men's did, the only differences residing in processes that were exclusive to women like conception, pregnancy, parturition and breastfeeding. Soranus wrote:

> καὶ <Ἡρόφιλος ἐν τῷ Μαιωτικῷ> φησι τὴν ὑστέραν ἐκ τῶν αὐτῶν τοῖς ἄλλοις μέρεσι πεπλέχθαι καὶ ὑπὸ τῶν αὐτῶν δυνάμεων διοικεῖσθαι καὶ τὰς αὐτὰς παρακειμένας ἔχειν ὕλας καὶ ὑπὸ τῶν αὐτῶν αἰτιῶν νοσοποιεῖσθαι […]· οὐδὲν οὖν ἴδιον πάθος γυναικῶν πλὴν τοῦ κυῆσαι καὶ τοῦ τὸ κυηθὲν

ἐκθρέψαι καὶ ἀποτεκεῖν καὶ τὸ γάλα πεπᾶναι καὶ τὰ ἐναντία τούτοις.
(*Gynaikeia*, 3.3)

Herophilus, moreover, in his 'Midwifery' says that the uterus is woven from the same stuff as the other parts, and it is regulated by the same forces, and it has available the same substances, and that it suffers disease from the same causes […]. Consequently, there is no condition in women peculiarly their own except conception, pregnancy, parturition, lactation, and conditions antagonistic to these.

It should be noted that Soranus' treatise was not known in the West in its original Greek form until the rediscovery in the nineteenth century of the only extant manuscript. It was instead known through translations, adaptations and excerpts that figured in later texts, such as those of Oribasius of Pergamum (c. 325-400), Aetius of Amida (fl. 530) and Paul of Aegina (fl. 630). Latin translations proved the most important vehicle for Soranus' theories, especially one by an unknown author whose name is variously given as Mustio, Muscio or Moschion. These Latin versions were more accessible and purged much of the theoretical and etymological material in Soranus' original. They transmitted a brief, clear and practical account of Soranus' book, rearranged in a question-and-answer format. Mustio's popular *Genecia* (Latin equivalent for *Gynaikeia*) circulated in Europe for centuries. It was included in the *Gynaeciorum libri*, an extensive Latin compendium of ancient and contemporary texts about gynaecology, first published in 1566.[13] This compendium was very important in the configuration of gynaecology as a valid field of medicine,

consolidating the perspective, derived from the ancients, that this area was not under women's exclusive control.

In early modern writings about women's diseases and female nature, ancient texts which described women as essentially different or inferior to men were also re-evaluated in the light of new discoveries, such as the identification of the clitoris, the ovaries and Fallopian tubes (already known in antiquity, but misunderstood), and the practice of caesarean section. Although these discoveries may seem to us innocuous or irrelevant, they arguably challenged a whole set of cultural, social, religious and legal ideas relating to motherhood, embryology, female sexuality and pleasure, and even the concept of the soul. Therefore, these treatises were not only about female pathologies and conditions. They embraced topics including medicine, religion, philosophy and law.

[B] Rodrigo de Castro and Sterility

Hippocrates, Aristotle and Galen are the most important ancient authorities in Rodrigo de Castro's *De universa mulierum medicina*. These three authors are especially visible where Castro expounds his ideas about conception. The most important question in ancient theories about conception was whether or not women contributed seed to the generation of the embryo. In the Hippocratic Corpus, the mixture of both male and female seed seems to be implied, whereas in Aristotle's biology women were considered to have no intervention in conception beyond the nutritive element provided by menstrual blood. As women were deemed colder than men, they were believed to lack the ability to transform blood into semen, menstrual

blood being an intermediate product in this process. Herophilus had identified the ovaries, unknown or at least unmentioned by his predecessors. He went further, to ascertain that women produced semen, but failed to identify the connection between the ovaries and the uterus: therefore he thought that female semen was excreted through the bladder.[14] Some centuries later, Galen advocated a two-seed theory, recognizing the intervention of the mother, but he claimed a difference in importance: female seed was less powerful than male. Following Aristotle, the Galenic theory of conception assumed that male seed was more dynamic and acted upon the female menses to fashion blood as a sculptor shaped clay.[15]

Castro discussed all of these theories in his chapter 'Does woman have semen and what it provides to the formation of the foetus'.[16] He endorsed Galen's thesis that women did produce semen, and that this semen was crucial in generation. To Castro, this was a sign of God's providence:

> Disponens enim omnia benigne et suaviter Deus, non uni sexui, sed utrique generationis opus commisit, ut foemina voluntaria congrederetur, non solum oblectamento, et delectatione illecta, sed etiam ut sui individui substitutio, et similitudo quoad fieri posset, duraret. (Part 1, Book 2, Chapter 3, p. 45)
>
> Because arranging everything in a benign and tender way, God trusted the task of generation not to one sex alone, but to both, so that women would in their own free will join men, not just enticed by pleasure and

> delight, but also so that their substitution as an individual and their resemblance could continue as possible.

Thus the sexes were said to have complementary roles in generation. Women and men were both needed in order to beget children. The differences arose from a natural, indeed a divine, necessity.

In the preface to the first volume, Castro explains why he decided to write the treatise: out of compassion for the poor women who suffered from many diseases, some similar to men's afflictions, but others 'completely different' ('plane diversis'). Otherness is construed here not as inferiority, but as complementarity. In spite of the undeniable Galenic influence, Castro expresses his doubts about the humoral explanation of why the female genitals were internal, stating that lack of heat was not sufficient cause. 'Then', he asks, 'why do the bladder and the kidneys and the other organs remain in the interior of the male body?' (Part One, Book 3, Chapter 8). The differences between the sexes were too many and too important to be explained by this one factor. In order to support his theories, Castro drew upon Hippocratic authority.

In Part Two, Book 1 discusses diseases that are common to all women,[17] and Book 2 considers diseases that affect virgins and widows,[18] especially old virgins and young widows. Widows and virgins were perceived as problematic categories of women because they were women who should be married. In the Hippocratic Corpus they were assumed to be particularly prone to disease, especially to the abnormal movements of the uterus and the retention of the menses. At the beginning

of Book 3, we then find a section comprising five chapters plus an autonomous part which Castro called a *scholium*, the Latin word for a comment or a short note. This section, entitled 'On sterile women' ('De sterilibus'), begins with a definition of sterility: 'Sterility is some sort of inability or difficulty that a woman who sleeps with a man has in conceiving at the convenient time.'[19] Four types of sterility are described: sterility caused by a natural and known defect;[20] sterility caused by the relationship between husband and wife;[21] sterility caused by an illness or 'diverse pathology';[22] and sterility related to time, that is, of a woman who after the birth of the first or second child has become sterile.[23]

Each of these categories is discussed in chapters 1 to 4. Chapter 5 is about male sterility, because, as Castro explains at the beginning of the chapter, male sterility accidentally makes women sterile too. It might come as a surprise that male diseases and the welfare of men are mentioned often in a gynaecological treatise. However, this may be explained by the fact that complementarity between the sexes seems to have been central to Castro's ideas about generation. Several times, Castro recommends a therapy for the wife and a similar or additional one for the husband, such as that 'the husband should wash his feet in the same decoction',[24] or that 'the husband, after washing his feet, must anoint the penis with frankincense'.[25]

In fact, ancient texts considered sterility as a problem of both men and women. The pseudo-Aristotelian *History of Animals*, 10 (633b-13-14), opens with the statement that failure to beget children resides sometimes in both partners, sometimes in one or in the other.[26] Likewise, Mustio's version of Soranus' treatise on gynaecology provides the following definition of sterility:

> Sterilitas commune vitium est et masculis et feminis, et de pluribus causis evenire solet […] Haec ergo sterilitas efficitur cum aut masculus aut foemina aliquam valetudinem corporis habent aliquando universi, aliquando partium illarum conceptui necessariarum. (2.16 (51))
>
> Sterility is a problem common to men and women that can usually originate from multiple causes […] sterility happens when either the male or the female has some physical disease, sometimes in the whole body, sometimes in those body parts which are necessary for conception.

This consideration of male sterility is frequently encountered in early modern treatises about women's diseases, which often began by asserting that sterility might be caused by women's *or* men's problems. Definitions of sterility in these texts closely follow Mustio's assertion. For instance, in his *De morbis mulierum curandis*, Nicholas de la Roche begins chapter XX about sterility by stating that 'there are two causes of sterility: one that comes from the man, and the other from the woman'.[27] In the same way, Cristoph Funcke, in his treatise about female sterility, *Theses de Sterilitate Muliebri* (1615), declared that sterility was a pathology common to men and women. Complementarity is an important feature of these approaches. Early modern medical writings about women's diseases usually included a chapter about sterility caused by incompatibility (*per collationem*). For some reason, spouses might not conceive together, but could conceive with other sexual partners. This is also an ancient idea that we can find even in a text like Lucretius' (c. 99-55 BCE) *De rerum*

natura, a didactic poem about Epicurean philosophy, suitably cited – and not infrequently – by Castro.

In order to conceive and beget children, it was also deemed crucial that the couple was indeed composed of a man and woman, that is, that neither partner deviated from patterns considered to be normal. Deviant categories – eunuchs, spadones (impotent or sterile people), hypospadiae (boys with malformed penises), viragoes, and the like – were sterile or, at least, assumed by doctors to have difficulty in conceiving children. Female infertility might be diagnosed from external signs of deviance: the hoarse sound of a woman's voice, black and thick hair in her genital parts, and the look of the *virago*, the masculine woman, whom Castro described as a hot woman with solid, compact flesh. These signs of deviance were, in fact, considered to be typical features in men. The appearance of female sterility had much to do with not looking feminine.

To diagnose sterility, Castro recommended the much debated Hippocratic scent therapy, especially when describing the tests physicians might use to determine whether a woman could conceive or not. These fertility tests were based on the use of aromatic substances, such as garlic, saffron, incense or frankincense. One is described as follows: 'garlic used in a pessary put in the genital parts of a woman and left overnight. If the next morning, she feels the taste and the odour of garlic in her mouth, she is fertile. Otherwise, she is not'.[28] The same test is mentioned in the Hippocratic *On Sterile Women,* 214:

Ἄλλο· μώλυζαν σκορόδου περικαθήραντα τὴν κεφαλὴν, ἀποκνίσαντα, προσθεῖναι πρὸς τὴν ὑστέρην, καὶ ὀρῇν τῇ ὑστεραίῃ, ἢν ὄζῃ διὰ στόματος· καὶ ἢν ὄζῃ, κυήσει· ἢν δὲ μὴ, οὔ.

Another [test]: snip off a head of garlic; clean it, and put it in her womb. On the next day check to see if she smells the odour in her mouth: if she smells it, she will conceive, but if not, then she will not.[29]

This kind of test relied on the belief that scent should pass through the body, migrating upward from the vagina, without obstructions.

These tests were very common in Hippocratic gynaecology texts. They appear in *On Sterile Women*, *On Female Nature*, and even the *Aphorisms*. See, for instance, *Aphorism*, 5.59:

Γυνὴ ἢν μὴ λαμβάνῃ ἐν γαστρὶ, βούλῃ δὲ εἰδέναι εἰ λήψεται, περικαλύψας ἱματίοισι, θυμία κάτω· κἢν μὲν πορεύεσθαι δοκέῃ ἡ ὀδμὴ διὰ τοῦ σώματος ἐς τὰς ῥῖνας καὶ ἐς τὸ στόμα, γίνωσκε ὅτι αὐτὴ οὐ δι' ἑωυτὴν ἄγονός ἐστίν.

If a woman does not conceive, and you wish to know if she will conceive, cover her round with wraps and burn perfumes underneath. If the smell seems to pass through the body to the mouth and nostrils, be assured that the woman is not barren through her own physical fault.[30]

The *Aphorisms* are, in fact, one of the Hippocratic treatises that Castro cited most often, even including in his own text the Latin translation of the Greek original. This may be explained by the nature of the *Aphorisms*, which were short simple sentences that medical students, even in Castro's time, had to learn by heart.[31] In the section 'De sterilibus', Castro quotes several times the *Aphorisms* related to weight disorders. This issue was represented more widely within the Hippocratic gynaecological materials, like 'De sterilibus' (229, 237) or 'De natura muliebri' (19-20), and similarities in the vocabulary of these texts has been noted by Ann Elis Hanson.[32] These tests claimed that abnormally fat or abnormally thin women should not conceive and, if they did, would be unable to carry a pregnancy to term. Weight problems were held to cause pathological sterility (*sterilitas morbosa*) in both men and women. On obesity, Castro cites a popular joke he attributes to Galen, based on the opposition between *crassus* (fat) and the two meanings of *subtilis* (thin, or, as is the case here, 'clever'): 'everyone knows that a fat belly does not beget a subtle intellect' ('celebratum illud est, crassum ventrem non parere subtilem intellectum').[33]

A different style of life and change in diet was advised. In order to restore balance, Castro mentions the practice of eating certain kinds of food that allegedly aided weight loss. Women from Seville ate gazpacho, made from bread and a mixture of water and vinegar; women from Salamanca prepared a delicacy with water and spices; and Portuguese women worried about their beauty ate lemons with salt. He also recommended baths, vomits, purgatives and diuretics. The frequent references to obesity suggest that it was perceived as a common problem. An overly sedentary lifestyle might also cause sterility in women who had successfully given birth to a child, but were afterwards unable to conceive or carry a pregnancy to term because

their womb had become tired (*defessus*). Castro added that this disorder affected mainly noblewomen and men living in idleness.

Conception was also believed to be difficult, and in some cases impossible, when the nature and composition of the partners was abhorrent to each other. Castro discussed whether this incompatibility could be cured and, if not, whether it could justify divorce, as recommended by some of the authors he cited. This notion of a *dissidium intemperamenti* that could make partners infertile and lead them to separation appears to have troubled Castro. He cites twice a sentence from Aëtius of Amida, a physician and medical writer of the fifth or sixth century, 'for love reconciles seed':[34]

> Inviti coitus utriusque aut alterutrius, ut fieri solet inter eos qui inviti matrimonium contrahunt, steriles censentur, amor enim ut inquit Aetius, conciliat genituram, quocirca amantes foeminae crebrius pariunt. (Part 2, book 3, chapter 2, p. 360)
>
> Unwanted sex for one or the other, as usually happens between those who are married against their will, must be considered infertile. Love, indeed, as Aetius says, reconciles seed. Therefore, women who are in love have more children.

At the end of Chapter 2, Castro states that those who were unable to conceive together generally requested a divorce, and the judge or magistrate usually called for a doctor to advise him on the legitimacy of the request. Castro refers here to

impotence trials, not uncommon in Europe during the medieval and early modern periods.[35] An old and honourable woman was summoned to check if husband and wife were doing the appropriate things: sleeping together, talking to each other, embracing each other, eating hot and spicy foods, and drinking wine, for example. This old woman had then to report what she saw to the doctor, who in turn advised the judge. Note that Castro's last sentence in this chapter is 'but he must be careful not to be deceived, because, as we have said, in this matter, many frauds are usually committed'.[36] These words echo those of Guy de Chauliac (c.1300-1368), in *Chirurgia Magna*:

> Caveat tamen ne sit deceptus: quia multae fraudes in talibus consueverunt committi, et maximum periculum est separare quos Deus coniunxerat, nisi iustissima causa requirente (p. 354)

> but he must be careful not to be deceived, because many frauds are usually committed and there is the greatest risk in separating those that God united, unless under the most righteous cause.

Castro thus admonished the physician to consider carefully what the appointed 'virtuous, honourable, old and trained lady'[37] reported on the couple's ability to have intercourse before giving his advice to the judge.

We turn now to the *scholium*, a sort of appendix that was used to explore issues not directly related to the main subject of the treatise. According to Gianna Pomata, it appeared first in collections of *curationes*, accounts of successful cases, or of

observationes, accounts of specific cases.[38] It is, to my knowledge, an uncommon feature of gynaecological treatises. The *scholium* is easily distinguishable for the reader, as it is set in italics, whereas the main text is set in plain type. In collections of *curationes* and *observationes* it seems to have been used to differentiate the cases described in the main text from the doctrines discussed in the *scholium*. Nevertheless, in *De universa mulierum medicina*, there are different kinds of *scholia*, differing in length and in the themes explored, which include *materia medica*, therapeutics, literature and ethics.

The *scholium* in the section on sterility opens with the sentence: 'Those who are incapable of procreation are called *impotentes* [...] *impotentia* is of two kinds: natural and accidental.'[39] Castro then provided the relevant legal definitions. Lawyers called those who were impotent by nature *frigidi*, and those who were impotent by accident *maleficiati*. This distinction dated back to a Papal letter by Pope Gregory IX in the thirteenth century, and possibly even earlier, in which frigidity and spells to induce sterility were assumed to be causes of infertility and hence an impediment to marriage. In 1587, Pope Sixtus V issued a document known as *Cum frequenter* (its opening words), in which he justified why eunuchs and spadones should not be allowed to marry.[40] Men without both testicles, or with atrophied testicles, should not marry because they were supposed to be *frigidi* and hence could not properly perform their marital duties. Castro explored this topic in the first part of the *scholium*, asking: Is sterility a sufficient cause for the annulment of a marriage? If the sterility is a permanent condition and predates the marriage, it is enough to declare the marriage void?

The law held that permanent infertility invalidated the marriage contract because it obliged the partner to provide something – children – which could not then be provided. Thus, so-called *frigidi* were not allowed to remarry. The law also included under the designation *frigidi* men and women who did not conceive together because of their different and incompatible temperaments. Castro did not support this remarriage ban because, he argued, a cold man remarried to a hot woman would be able to beget children.[41] Nor did he advocate divorce. He urged that marriage must not be dissolved except in the most serious and legitimate cases. Even if perpetual *impotentia* was suspected, only after three years must the case be decided and, if after this time there were still doubts, the decision could be deferred. In cases of *arctatio mulieris* (narrowness of the female genital organs impeding intercourse), Castro claimed that if this pathology could be cured by surgical methods, then marriage should not be declared void.

Castro then considers attempts to induce sterility. He describes a series of charms and spells classified as the most effective and dangerous, but notes that he has no experience of them and is not entirely convinced of their efficacy. He also notes the first cause of infertility, not explained by physicians, to be God's will, which can only be overcome with prayers, alms and penance. Castro then considers the physician as instigator of sterility:

> Quaestio hic evenit, an medico liceat sterilitatem inducere, quae duas habet partes: prima est, an conceptum impedire, secunda, an abortum provocare liceat.

> In this place the question arises: is it legitimate for the physician to induce sterility? This question has two parts: one being if it is legitimate to prevent conception, the other if it is legitimate to induce abortion.

The connection between sterility and abortion is presented to the reader as obvious and in no need of further explanation. However, as will be shown in the conclusion, Castro's decision to place these two topics in close proximity to each other may help us to understand how he, and perhaps other early modern physicians, viewed the infertile woman's responsibility for her condition.

Castro reviewed the medical authorities of the past, but he read them in a very particular way. The Hippocratic gynaecological treatises contain hundreds of recipes and remedies to terminate a pregnancy. Perhaps the most famous strategy for aborting is the so-called 'Lacedaemonian leap', known as such because it was mentioned by a Spartan (hence Lacedaemonian, after the Spartan city-state) character in Aristophanes' *Lisystrata* (82). The author of *De natura pueri* (13) states that he had recommended a 'valuable flute-girl who had intercourse with men', for whom it was essential not to become pregnant 'because it would lessen her value', to 'kick her heels against her buttock' in a leaping motion until any generating seed fell from her.[42] Castro, adding just a few words of his own to the tale, introduced a slightly different – but very significant – meaning. In *De natura pueri*, the slave girl asked her patroness for help, because she did not want to lose her value. She was a slave and she was supposed to make profit out of her body. When Castro describes this story, he states that Hippocrates 'in *De Natura Pueri* advised a servant, who feared infamy, to jump until she expelled the foetus'.[43] In fact, in the Greek

Hippocratic text there is no mention of honour or infamy. It is purely a matter of professional value.

Castro continued by describing what other authors had said about induced abortion. These authors advocated aborting a foetus only when the life of the mother was at stake, either during pregnancy or childbirth. This usually happened when the cervix was too tight or obstructed by a tumour or something similar, or when the mother was too lean and weak. In these situations, abortion could be the only solution. But Castro continues to endorse a total prohibition, justified through a return to Hippocrates, 'the same wise old man',[44] and to the injunction of the Hippocratic Oath:

> Οὐ δώσω δὲ οὐδὲ φάρμακον οὐδενὶ αἰτηθεὶς θανάσιμον, οὐδὲ ὑφηγήσομαι ξυμβουλίην τοιήνδε· ὁμοίως δὲ οὐδὲ γυναικὶ πεσσὸν φθόριον δώσω.
>
> And I will not give a drug that is deadly to anyone if asked [for it], nor will I suggest the way to such a counsel. And likewise I will not give a woman a destructive pessary.[45]

Once again Castro's translation adds something to the Greek original:

> idem circumspectissimus senex, qui in iureiurando mulieri ad corrumpendum conceptum vel foetum, medicamentum non esse exhibendum, asseuerantissime confirmat.

> the same wise old man earnestly establishes in the Oath that no drug should be shown to a woman in order to destroy what has been conceived or the foetus.

Castro translates the Greek expression πεσσὸν φθόριον, which means ‘a destructive pessary’, as a ‘drug to destroy what has been conceived or the foetus’. Calvi’s 1525 translation of the Oath makes a similar tranformation: ‘I shall not give to any woman, so that she might remove or loose the foetus, a remedy or a pessary.’[46]

In ancient medical texts relating to women’s diseases, the adjective φθόριος was used to designate a substance that destroyed the foetus or, at an earlier stage of pregnancy, the result of conception. The meaning of πεσσὸν, translated here as ‘pessary’, is more speculative because it refers only to one of many ways to apply drugs. In the first century, Soranus (1.60) had already wondered why Hippocrates should have left unmentioned in the *Oath* all other known ways to induce abortion, such as orally or externally administered drugs, and mechanical or surgical techniques.[47] The choice of just one of these methods, the administration of vaginal suppositories, is at the centre of the debate about the abortion ban in the *Oath*. Soranus noticed a remarkable inconsistency in the Hippocratic collection: that despite Hippocrates’ apparent prohibition on abortion, there is plenty of information about how to terminate pregnancy. He commented on his predecessors’ opinion about this:

> διὸ καὶ τὸν <Ἱπποκράτην> παραιτησάμενον τὰ φθόρια παραλαβεῖν <ἐν τῷ Περὶ παιδίου φύσεως> ἐκβολῆς χάριν τὸ πρὸς πυγὰς πηδᾶν. γεγένηται δὲ

στάσις. <οἱ μὲν> γὰρ ἐκβάλλουσιν τὰ φθόρια τὴν <Ἱπποκράτους> προσκαλούμενοι μαρτυρίαν λέγοντος· “οὐ δώσω δὲ οὐδενὶ φθόριον”, καὶ ὅτι τῆς ἰατρικῆς ἐστιν ἴδιον τὸ τηρεῖν καὶ σῴζειν τὰ γεννώμενα ὑπὸ τῆς φύσεως. <οἱ δὲ> μετὰ διορισμοῦ συντάσσουσιν αὐτά, τοῦτ' ἔστιν οὐχ ὅτε διὰ μοιχείαν τις βούλεται φθεῖραι τὸ συλληφθὲν οὔτε δι' ἐπι|τήδευσιν ὡραιότητος, ἀλλ' ὅτε διὰ <τὸ> κίνδυνον κωλῦσαι γενησόμενον ἐν ταῖς ἀποτέξεσιν, μικρᾶς τῆς μήτρας ὑπαρχούσης καὶ μὴ δυναμένης χωρῆσαι τὴν τελείωσιν […]

Hippocrates, although prohibiting abortives, yet in his book ‘On the Nature of the Child’ employs leaping with the heels to the buttocks for the sake of expulsion. But a controversy has arisen. For one party banishes abortives, citing the testimony of Hippocrates who says: ‘I will give to no one an abortive’; moreover, because it is the specific task of medicine to guard and preserve what has been engendered by nature. The other party prescribes abortives, but with discrimination, that is, they do not prescribe them when a person wishes to destroy the embryo because of adultery or out of consideration for youthful beauty; but only to prevent subsequent danger in parturition if the uterus is small and not accommodating the complete development […][48]

As Soranus’ text shows, in antiquity Hippocrates’ opposition to abortion had already become an accepted thesis. By the first half of the first century, prior to Soranus, Scribonius Largus (c. 1-50) had stated very clearly that the *Oath* expressed a complete prohibition. The fourth-century physician Theodorus Priscianus was of the

same opinion.[49] Castro quotes, almost verbatim but without identifying his source, the second part of Priscianus's text about abortion, which reads as follows:

> Abortivum dare nulli unquam fas est, ut enim Hippocratis attestatur oratio, tam duri reatus conscientia medicorum innocens officium non decet maculari. (*Euporiston* 3.6.23)

> It is never right to give a substance that induces abortion, like Hippocrates' speech testifies. The consciousness of such a serious guilt should not stain the blameless service of the physicians.

Castro repeats these last words in order to stress his position: abortion is homicide. Over and again he states that abortion should not be practiced in any situation because even when there is danger of losing the mother, she faces the same risk in aborting, as 'nature struggles as fiercely as she can to retain an unripe foetus'.

According to Thomas Rutten, in the fifteenth and sixteenth centuries the *Oath* elicited much attention and translators interpreted it in light of their own varying contexts and concerns, rather than providing a literal translation.[50] As stated, this tendency to a loose interpretation of the *Oath* had already begun in ancient times, but in early modern medicine Hippocrates' text was used to justify specifically religious prohibitions and beliefs surrounding the practice of induced abortion. Therefore, notions of crime and sin were inserted into the text and it was read as a complete ban on abortion. Hippocrates thus became a convenient authority to invoke when chastising those who might consider terminating their pregnancies.

I consider the *scholium* a showcase of Renaissance ethics. In it Castro expressed his opinions about a theme that would be developed in his *Medicus Politicus*, namely the ethics of deceit. In this commentary, he explains the physician's instrumental role as it relates to the law, but also highlights the possibility that the physician may be deceived by others who wish to take advantage of this knowledge for illegitimate and even criminal uses. In Castro's opinion, abortion is one of these uses. By inserting the *scholium* in the section about sterility, he seems to conflate sterility with induced termination of pregnancy. It must be noted, though, that this conflation is only evident in the *scholium*, not in the main text, which follows contemporaneous works in its conservative approach to what constitutes diagnosis and therapy.

[B] Conclusion

In Rodrigo de Castro's discussion of sterility, physical incompatibility between husband and wife, divorce, and abortion, there is some tendency towards moralistic reasoning, as we see particularly in the *scholium*. He argues that the law must condemn those who teach 'little women' (*mulierculae*)[51] how to prevent conception in order that they might live promiscuously and hide their sexual adventures (debauchery, adultery, incest). Women who had gotten rid of their unwanted reproductive burdens could resume their usual debauched lives, and indeed teach others how to commit 'infanticide'. By employing such terms, Castro draws upon notions of accountability and guilt: what women know about medicines may be used to prevent or destroy pregnancy.

Yet in this section on sterility, there is more than moralistic discourse. Castro also explains how to treat the pathologies that cause sterility, especially female sterility. Indeed, recipes for remedies, baths and ointments constitute a sizeable part of the section. Does the predominant focus on female pathologies suggest that women were held more responsible for infertility than men? Can we endorse Joan Cadden's opinion in this matter, by assuming that more information means more responsibility and, hence, more guilt?[52] Can we even speak about accountability? We must remember that this is a treatise about gynaecology, where women should surely be placed at the centre. The woman's role is also rather more significant in generation. The contribution of the father is limited and confined to the attempt to conceive, whereas the mother is involved in various complex stages that might ultimately lead to the birth of a healthy child. In Castro's chapters on sterility, both sexes are discussed. The medical sections are also fairly neutral in tone. Female accountability, guilt and blame are only discussed in the *scholium*, appended to the section on sterility. Here, the physician is advised against letting himself be used as an instrument for committing immoral actions. It is only when individuals relegate the physician that 'bad women', 'vicious crones', or 'old witches' (thus not all women) can misappropriate knowledge to endanger the course of nature, in order to commit crimes such as abortion, infanticide and adultery. Castro seems here to blur the lines between different fields of knowledge by inserting discussions of medical ethics into a gynaecological treatise. Indeed, it is no coincidence that some years later, Castro edited the *Medicus politicus*, a treatise that Schleiner considers to be 'possibly a milestone in the history of medical ethics'.[53]

In Castro's *De universa mulierum medicina,* as much as in ancient medical writings about women's diseases, sterility is never accepted as an incurable condition. Efforts to overcome sterility can be inferred from the extensive materials that have come down to us, dating back at least to the Hippocratic Corpus. These materials are the cornerstone that supports early modern gynaecological texts. As Castro states in Part One, quoting Pliny the Elder, the human being, the proudest of all animals, is so frail, so unprotected and so hopelessly weak from the very start of his life that a sneeze can destroy him. Too much fatness or thinness, pathological conditions, an abnormal constitution of the whole body or of one of its parts, spells, charms, evil eyes, God's will, immoral women: any one of these can prevent nature's work of generation. That is why the physician must act with caution and dignity to help, and not to hinder, the efforts of those who ask his advice.

[B] Research Resources

[C] Published Primary Sources

Rodericus Castro, *De universa mulierum medicina*, 2 vols (Hamburg, 1603-4).

Rodericus Castro, *De universa mulierum medicina*. *Tertia editio auctior et emendatior* (Hamburg, 1628).

W.H.S. Jones (ed.), *Hippocrates* (London, 1923).

R. Radicchi, *La Gynaecia di Muscione: manuale per le ostetriche e le mamme del VI sec. d.C.* (Pisa, 1970).

Owsei Temkin, *Soranus' gynecology* (Baltimore, MD, 1991).

[C] Secondary Sources

Joseph Bajada, *Sexual Impotence: The Contribution of Paolo Zacchia (1584-1659)* (Rome, 1988).

Michael Boylan, 'Galen's Conception Theory', *Journal of the History of Biology*, 19:1 (1986), 47-77.

Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge, 1993).

Lawrence Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear (eds), *The Western Medical Tradition: 800 BC to AD 1800* (Cambridge, 1995).

Pierre Damon, *Le tribunal de l'impuissance* (Paris, 1979).

Lesley-Ann Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford and New York, 1994).

Marianne Elsakkers, 'Reading between the Lines: Old Germanic and Early Christian Views on Abortion'. Unpublished PhD Thesis, Universiteit van Amsterdam, 2010.

Rebecca Flemming, 'The Invention of Infertility in the Classical Greek World: Medicine, Divinity and Gender', *Bulletin of the History of Medicine*, 87 (2013), 565-90.

Rebecca Flemming, *Medicine and the Making of Roman Women: Gender, Nature and Authority from Celsus to Galen* (Oxford and New York, 2000).

Danielle Gourevitch, *Le mal d'Être femme* (Paris, 1984).

Konstantinos Kapparis, *Abortion in the Ancient World* (London, 2002).

Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London and New York, 1998).

Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology: The Uses of a Sixteenth-Century Compendium* (Aldershot, 2007).

Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Farnham and Burlington, VT,2013).

Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1990).

Ian MacLean, *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge, 1980).

Aidan McGrath, *A Controversy Concerning Male Impotence* (Rome, 1988).

Vivian Nutton, *Ancient Medicine* (London and New York, 2004).

Katharine Park, 'Cadden, Laqueur and the "One-Sex Body"', *Medieval Feminist Forum*, 46:1 (2010), 96-100.

Katharine Park, *Secrets of Women: Gender, Generation and the Origins of Human Dissection* (New York, 2006).

Cristina Santos Pinheiro, *Orbae matres: a dor da mãe pela perda de um filho na literatura latina* (Lisboa, 2012).

Cristina Santos Pinheiro, 'Suos utero quae necat (Am. 2.14.38): aborto, sexualidade e medicina no tempo de Ovidio', in Cristina Pimental and Nuno Rodrigues (eds), *Sociedade, poder e cultura no tempo de Ovidio* (Lisbon, 2010), 173-186.

Gianna Pomata, 'Was there a "Querelle des femmes" in Early Modern Medicine?', *Arenal*, 20:2 (2013), 313-41.

John M. Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West* (Cambridge, MA, 1997).

John M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, MA, 1992).

Winfried Schleiner, *Medical Ethics in the Renaissance* (Washington, DC, 1995).

Patricia Simon, *The Sex of Men in Pre-Modern Europe* (Cambridge, 2011).

Michael Stölberg, 'A Woman Down to her Bones: The Anatomy of Sexual Difference in the Sixteenth and Early Seventeenth Centuries', *Isis*, 94 (2003), 274-99.

Heinrich von Staden, '"In a Pure and Holy Way": Personal and Professional Conduct in the Hippocratic Oath?', *Journal of the History of Medicine and Allied Sciences*, 51:4 (1996), 404-37.

Sarah Toulalan and Kate Fisher (eds), *The Routledge History of Sex and the Body: 1500 to the Present* (London and New York, 2013).

[B] Endnotes

[1] See especially Mark Golden and Peter Toohey (eds), *A Cultural History of Sexuality in the Classical World* (London, 2011). See also Joan Cadden, *Meanings of Sex Difference in the Middle Ages* (New York, 1993).

[2] Rodrigo de Castro, *Medicus politicus* (Hamburg, 1614), Book 3, Chapter 22, p. 194.

[3] De Castro, *Medicus politicus,* Book 4, Chapter 9, p. 251.

[4] Florbela Veiga Frade and Sandra Neves Silva, 'Medicina e política em dois físicos judeus portugueses de Hamburgo: Rodrigo de Castro e o *Medicus Politicus* (1614), e Manuel Bocarro Rosales e o *Status Astrologicus* (1644)', *Sefarad*, 71:1 (2011).

The texts cited from the *Universa mulierum medicina* are from the 1628 edition. Unless otherwise stated, the translations of the Greek and Latin texts are my own.

[5] Marcus Fabius Calvus, *Hippocratis Coi Octoginta Volumina* (Rome, 1525).

[6] Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1990), p. 25.

[7] See especially Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology: The Uses of a Sixteenth-Century Compendium* (Aldershot, 2007); Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Farnham and Burlington, VT, 2013).

[8] Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London and New York, 1998).

[9] Translated in Ann Elis Hanson, 'Hippocrates' *Diseases of Women* 1', *Signs*, 1:2 (1975), p. 582.

[10] Patricia Simons, *The Sex of Men in Pre-Modern Europe* (Cambridge, 2011), p. 147.

[11] Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York, 2006).

[12] On Soranus' survival in the West, see Ann Elis Hanson and Monica Green, 'Soranus of Ephesus: *Methodicorum princeps*', *ANRW*, 37:2 (1994).

[13] King, *Midwifery, Obstetrics and the Rise of Gynaecology,* pp. 1-7.

[14] On Herophilus' anatomy, see Heinrich von Staden, *Herophilus: The Art of Medicine in Early Alexandria: Edition, Translation, and Essays* (Cambridge and New York, 1989), pp.183-6, 230-4.

[15] On the problems in Galen's reasoning, see Michael Boylan, 'Galen's Conception Theory', *Journal of the History of Biology*, 19:1 (1986).

[16] 'Semen mulierem habere et quid in foetus constitutione opis id conferat'.

[17] 'Liber primus de morbis cunctis foeminis communibus'.

[18] ‘Liber secundus de affectibus, qui viduis, ac virginibus accident’.

[19] ‘Sterilitas est quaedam impotentia ac difficultas mulieris, viro utentis, ad concipiendum debito tempore’.

[20] ‘Prima fit a vitio naturali, et cognito’.

[21] ‘Secunda per collationem foeminae, ad proprium virum’.

[22] ‘Tertia ex morboso affectu, et ob diuersas affectiones’.

[23] ‘Quarta est earum, quae pepererunt, verum a primo aut secundo partu steriles factae sunt, et haec dicitur sterilitas ad tempus’.

[24] ‘in simili decocto maritus pedes lavet’.

[25] ‘vir etiam post lotionem pedum, inungat penem balsamo’.

[26] The connection of Book 10 to the remaining books of *History of Animals* and its authorship are problematic. On this, see Philip van der Eijk, ‘On Sterility (Hist. an. 10), A Medical Work by Aristotle’, *Classical Quarterly*, 49 (1999), p. 490ff.

[27] ‘Causa sterilitatis duplex, una a viro, altera a foemina prodit’, 90.

[28] ‘allium expurgatum pessi forma adormiturae utero subdito, et si odor vel sapor postridie ad os pervenerit foecunda est, sin minus, sterilis.’

[29] Ann Elis Hanson, ‘*Aphorismi* 5.28-63 and the Gynaecological Texts of the Corpus Hippocraticum’, in H. F. J. Horstmanshoff and M. Stol (eds), *Magic and Rationality in Ancient Near-Eastern and Roman Medicine* (Leiden, 2004).

[30] W.H.S. Jones (ed.), *Hippocrates* (London, 1923), p. 175.

[31] The *Aphorisms* were made available in Latin translations very early, and this treatise was ‘the best known and most widely disseminated’ of the Hippocratic collection. See Pearl Kibre, *Hippocrates Latinus* (New York, 1985), p. 29

[32] Hanson, ‘*Aphorismi* 5.28-63’, p. 304.

[33] There are many different versions, cited by numerous authors, like Jerome or Erasmus: 'A fat belly does not beget an excellent mind' ('*Ingenium excellens non gignit venter obesus*'); 'A fat belly does not beget a thin sense' ('*Pinguis venter non gignit sensum tenuem*').

[34] 'amor enim conciliat genituram'. This sentence had become, by Castro's time, a kind of cliché. Aëtius' words were 'ἡ γὰρ ἀγαπῶσα συναρμόζει τὴν γονὴν, καὶ διὰ τοῦτο αἱ μετ' ἔρωτος μίξεις ταχυτεκνότατάί εἰσι' ('for love reconciles seed, and because of this, intercourse with desire is the one that most quickly produces children'.)

[35] See Pierre Darmon, *Le Tribunal de l'impuissance* (Paris, 1979); Raymond Stephanson, *The Yard of Wit: Male Creativity and Sexuality 1650-1750* (Philadelphia, PA, 2004); Edward J. Behrend-Martinez, *Unfit for Marriage: Impotent Spouses on Trial in the Basque Region of Spain 1650-1750* (Reno, NV, 2007).

[36] 'caveat tamen ne decipiatur, quia uti diximus, hac in re multae fraudes saepissime commituntur'. Part Two, Book 3, Chapter 2, p. 365.

[37] 'matrona proba, honesta, senior et exercitata'.

[38] Gianna Pomata, 'Sharing Cases: The *Observationes* in Early Modern Medicine', *Early Science and Medicine*, 15 (2010).

[39] 'Qui generare nequeunt impotens dicuntur. Est autem impotentia duplex, naturalis et accidentalis.' Part Two, Book 3, *scholium*, p. 365.

[40] On *Cum frequenter*, see Joseph Bajada, *Sexual Impotence: The Contribution of Paolo Zacchia (1584-1659)* (Rome, 1988); Aidan McGrath, *A Controversy Concerning Male Impotence* (Rome, 1988).

[41] See, for instance, 'Because it does not always happen that a person who is cold to one is cold to another' ('*quippe non semper sequitur frigidum uni esse frigidum alteri*'). Part Two, Book 3, *scholium*, p. 365.

[42] Hanson, 'Hippocrates', p. 583.

[43] 'quidem Hip[pocrates] […] lib. de nat. pueri, consuluit ancillae, quae dedecus verebatur, ut saltaret, quo foetum expelleret'.

[44] '*idem circumspectissimus senex*'.

[45] Heinrich von Staden, '"In a Pure and Holy Way": Personal and Professional Conduct in the Hippocratic Oath?', *Journal of the History of Medicine and Allied Sciences*, 51:4 (1996), p. 406.

[46] 'nulli foeminae, quo partu abigat perdatve, medicamentum glandulamve suppositiciam dabo'.

[47] On abortion in ancient times, see John M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, MA, 1992); Helen King, *Hippocrates' Woman*; Konstantinos Kapparis, *Abortion in the Ancient World* (London, 2002); Cristina Santos Pinheiro, *Orbae matres*: *a dor da mãe pela perda de um filho na literatura latina* (Lisbon, 2012), pp. 63-74.

[48] Owsei Temkin, *Soranus' Gynecology* (Baltimore, MD, 1991), p. 63.

[49] Theodorus Priscianus lived around 400 AD. His *Euporiston* was initially composed in Greek, but was translated into Latin. The Greek original was lost. In the third book, Priscianus explores women's diseases. See Plinio Prioreschi, *A History of Medicine* III: *Roman Medicine* (Omaha, NE, 1998), pp. 516-19. On the transmission of the Hippocratic oath and its interpretations, ancient and modern, as an absolute or as a selective prohibition of abortion, see Kapparis, *Abortion in the Ancient World;* M. J.

Elsakkers, ‘Reading between the Lines: Old Germanic and Early Christian Views on Abortion’. Unpublished PhD Thesis, Amsterdam, 2010.

[50] Thomas Rutten, ‘Receptions of the Hippocratic Oath in the Renaissance: The Prohibition of Abortion as a Case Study in Reception’, *Journal of the History of Medicine and Allied Sciences*, 51 (1996).

[51] In *De universa mulierum medicina*, *mulierculae* is often used to designate an old woman who acts as a procurer to younger girls. Usually, *mulierculae* are associated with ignorance and superstition. At the end of the *scholium*, Castro calls them sorceresses (‘*veneficae*’), and ‘plagues that wander freely through the entire universe’ (‘*pestes per uniuersum orbem liberrime vagantes*’).

[52] Cadden, *Meanings of Sex Difference*, pp. 249-50.

[53] Weinfried Schleiner, *Medical Ethics in the Renaissance* (Washington, DC, 1995), p. 50.